

## Hello Latin America & Canada!

Check out *your* website at: <http://tricare15.army.mil/>



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### **TRICARE Online**

TRICARE Online is brought to you by the military Direct Care System, its contracted Managed Care Partner, and the Department of Defense. These entities form the TRICARE Healthcare Team dedicated to providing you with the best care possible. This site will give you automated information on TRICARE services and benefits, claims, TRICARE dental programs, how to enroll in TRICARE Prime and TRICARE pharmacy services. You can also enter information into a Personal Health Journal and store links to your favorite health care sites. Check it out at: <https://www.tricareonline.com/index.html>.

This is your opportunity to make a difference in the way the Military Health System takes care of its own. If you experience any problems while using this website, have any questions regarding TRICARE Online, or feel there are ways that we can serve you better, please do not hesitate to call Customer Service at 210.767.5250. Agents are available 24 hours a day to assist you.

### **Use Of The CHAMPUS Claim Form (DD-2642)**

This is the only claim form for family member/retiree claims for reimbursement is the DD-2642. Do not use older versions of this form (DD Form 2520).

Dear TLAC TRICARE POCs:

Here are a few items that will be of interest:

Point of Service Charges. Please review carefully the memorandum included in this Blurb. It's from the Assistant Secretary of Defense for Health Affairs regarding a very important change in policy that all TRICARE Overseas Program (TOP) participants need to understand. Effective on January 1<sup>st</sup>, all non-emergent civilian health care must be coordinated through the TRICARE Global Remote Overseas (TGRO) contractor (International SOS) in order to avoid claims denial or unnecessary personal expense. Please pass this word to TOP participants in your area. Now is the time for all TOP participants to become familiar with International SOS – you never know when you'll need their services!



Fair Winds and Following Seas. **Lieutenant Commander Mark Wertz, MSC, USN** of the TLAC staff begins terminal leave in late September in connection with his retirement after over 20 years of faithful service to the nation. As the TLAC Director of Operations, Mark has done a superb job and has repeatedly shown his dedication to the health care needs of TRICARE beneficiaries. We will miss him greatly and wish him the very best in all his future endeavors.

Welcome Aboard. **Lieutenant Colonel Tom Wagner, USAF, MSC** will be the new TLAC Director of Operations. Tom is already on board and transitioning into his new role. He brings a wealth of health care management experience and a strong commitment to serving TRICARE beneficiaries. Some of the veteran TRICARE POCs may recognize Lieutenant Colonel Wagner's name – he previously served here at the TLAC office when it began in 1999!

Fair Winds and Following Seas. **Colonel Doris Johnson, USA, AN** of the TLAC staff has been personally selected by Brigadier General Schoomaker to be the Chief of Education and Training at Eisenhower Army Medical Center effective October 1st. Colonel Johnson has done a terrific job in her short time here at TLAC and her commitment to health care excellence and high professionalism will be missed very much.

Please stay healthy and thanks again for your great work!

Sincerely,  
/s/

Paul W. Lund  
Captain, Medical Service Corps, U.S. Navy  
Deputy Director, TRICARE Area Office (TAO)  
(Latin America & Canada)

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**WPS Customer Service Phone Numbers for TRICARE Overseas are 608.301.2310 and**

## Bury the Butts for Great American Smokeout

### *It Is Coming!*

(HealthDayNews) – Thursday, 18 November 2004 is the day that smokers across the United States will be asked to butt out.

The American Cancer Society (ACS) is urging millions of smokers to take part in the 28th Great American Smokeout by going without their cigarettes for the day. Last year, more than 8.8 million smokers marked the day by smoking less or not at all.

If you plan to participate, the ACS offers some advice on how to get through this special day, or any other day, without cigarettes:

- Smoking urges are the most severe in the first two weeks after quitting. After that, those urges are more likely to occur in situations formerly associated with smoking. For example, after dinner or in the car.
- These smoking urges last a few minutes at most. Practice the 4 Ds: Deep breaths; Do something else to get your mind off the craving -- call a friend, go for a walk, chew on a carrot stick; Drink lots of water throughout the day, especially during a craving; Delay reaching for a cigarette, the urge will pass.
- Avoid situations that encourage smoking. If you can't do that, tell people you've just quit or that you're a nonsmoker.
- Change your routines. For example, if you usually had a cigarette with coffee, switch to tea or juice.
- Use the many smoking cessation aids that are available, such as over-the-counter nicotine patches and gum or prescription nicotine nasal spray. There are toll-free help lines and online support groups for people trying to quit smoking.
- Many smokers have to try several methods before they succeed in quitting. Keep trying until you find the method that works for you.

If you can resist the urge to smoke, you'll immediately begin to experience health benefits. The longer you're smoke-free, the more healthy changes you'll notice:

- Within the first 20 minutes of quitting, your blood pressure will drop, increased circulation will warm your hands and feet, and your heart rate will go down.
- In eight hours, the carbon monoxide levels in your blood will drop to normal and the oxygen levels in your blood will climb to normal.
- In 24 hours, your risk of having a heart attack begins to drop, and in 48 hours, your ability to taste and smell improve.
- Two to three weeks after quitting, you'll have better blood circulation and your lung function will increase by as much as 30 percent.
- One to nine months after quitting, you'll notice a decrease in coughing, chronic fatigue, sinus congestion and shortness of breath. The cilia in your lungs regain normal function, reducing infection.
- A year after quitting, the excess risk of heart attack and death from heart disease is cut in half. Five to 15 years after quitting, the risk of stroke is nearly that of people who've never smoked.

If that isn't enough to convince you, here are some other benefits of quitting. Your clothes won't smell like smoke. You'll save a lot of money. There are also savings in health costs. Smokers who quit by age 50 cut their risk of death in half compared to those who continue to smoke.

#### **More information**

Here's where you can learn more about [quitting smoking](#).

(SOURCE: American Cancer Society, news release, Nov. 19, 2003)

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TRICARE  
MANAGEMENT  
ACTIVITY

AUG 10 2004

MEMORANDUM FOR SURGEON GENERAL OF THE ARMY  
SURGEON GENERAL OF THE NAVY  
SURGEON GENERAL OF THE AIR FORCE  
OVERSEAS LEAD AGENTS

SUBJECT: Policy Memorandum on the TRICARE Global Remote Overseas Healthcare Contract and  
Puerto Rico Contract

Effective January 1, 2005, all TRICARE Overseas Program (TOP) Prime active duty family members (ADFM) enrolled in a remote overseas DMIS ID code location covered under the TRICARE Global Remote Overseas (TGRO) or Puerto Rico Contracts (PRC) will be required to coordinate their non-emergency host nation/civilian healthcare through the TGRO or PRC contractor or pay deductible and point of service (POS) charges on their medical claims. Accessing healthcare through the TGRO or PRC contractors will provide a cashless/claimless benefit to those enrollees

Non-emergent host nation/civilian care obtained by active duty (AD) members enrolled in TOP Prime in overseas remote DMIS ID code locations covered under the TGRO or PRC contracts must be coordinated through the TGRO or PRC contractor. Accessing remote overseas care through the TGRO or PRC contractors will ensure access to providers who have undergone an extensive credentialing process against certain quality standards. Failure to do so may result in claims denial.

Non-emergent host nation/civilian care obtained by ADFMs enrolled in TOP Prime in overseas remote DMIS ID code locations covered under the TGRO or PRC contracts must be coordinated through the TGRO or PRC contractor. Failure to do so will result in POS option charges, including satisfaction of an annual deductible and a 50 percent cost share for medical services, following deductible satisfaction. If the ADFM wants to appeal the denial of a claim, they are recommended to contact a Beneficiary Counseling and Assistance Coordinator at the nearest TRICARE Service Center for assistance. In addition, they may contact the TRICARE Europe Office at 49-6302-67-7433 or <http://www.europe.tricare.osd.mil>; the TRICARE Latin America & Canada Office at (706) 787-7533 or <http://tricare15.army.mil/indexReg15.htm>; or the TRICARE Pacific Office at (808) 433-6841 or <http://tricare-pac.tamc.amedd.army.mil> for assistance.

To ensure that beneficiaries are not penalized during this transition, there is a waiver of this policy for one year where TRICARE Area Overseas Offices may grant a one-time request from a beneficiary to not pay the POS charge.

For emergency situations that warrant immediate attention and intervention, AD and ADFMs should seek care at the nearest facility providing emergency services. Normal procedures for payment after emergency medical treatment is rendered will apply.

This policy implementation provides consistency of the TRICARE Prime healthcare benefit to all beneficiaries regardless of location; even to remote overseas sites covered under the TGRO or PRC contracts.

Any further questions may be directed to Mr. Mike Talisnik, Regional Office Liaison, TRICARE Management Activity who may be reached at (703) 681-0039 or [michael.talisnik@tma.osd.mil](mailto:michael.talisnik@tma.osd.mil).

Signed by  
William Winkenwerder, Jr., MD

HA POLICY: 04-021

## **Announcements**

### **DoD Appoints New Tricare Regional Director**

The Department of Defense (DoD) announced the appointment of Michael A. Gill as the new Tricare South regional director.

## **News Releases - TRICARE Management Activity News Releases**

### **The New TRICARE Retail Pharmacy Program Falters, but Gets Quickly Back on Track**

04 June 2004 -- On June 1, 2004, the TRICARE Retail Pharmacy (TRRx) program began providing nationwide prescription services for TRICARE beneficiaries in the United States and its territories through an expanded network of more than 53,000 retail pharmacies.

## **Military Health System News Releases**

### **Camp Pendleton Celebrates Maternal Ward Renovations**

28 May 2004 -- Naval Hospital Camp Pendleton reopened its newly renovated Maternal Infant Services (MIS) May 6.

### **DoD Begins Tricare Retail Pharmacy Program June 1**

28 May 2004 -- The Department of Defense announced today that on June 1, 2004, the new Tricare Retail Pharmacy (TRRx) contract takes effect for Tricare beneficiaries located in the 50 United States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam.

### **Walter Reed Pioneers Pain Management Program**

26 May 2004 -- Regional anesthesia, a technique that delivers local pain relief through a catheter, is gaining momentum as a pain-management technique for people wounded in battle.

### **DoD Begins New TRICARE West Region Transition**

18 May 2004 -- The Department of Defense (DoD) announced that on June 1, 2004, beneficiaries in the military healthcare plan, Tricare, in Oregon, Washington and northern Idaho will transition to the new Tricare West region and will receive health services and support through its new regional contractor, TriWest Healthcare Alliance Corp. For additional news releases, please visit the following:

TRICARE News Releases <http://www.tricare.osd.mil/NewsReleases/>

Military Health Care System News Archives <http://www.tricare.osd.mil/main/news.html>

## **Updated Fact Sheet**

### **TRICARE For Life And Dual Eligibility**

When TRICARE beneficiaries (other than eligible active duty family members) become entitled to Medicare Part A, on the basis of age or disability/end-stage renal disease and purchase Medicare Part B, they do not experience a break in TRICARE coverage. TRICARE For Life (TFL) pays secondary to Medicare.

### **TRICARE Dental Program Survivor Benefit**

When a military sponsor dies while on Active Duty (AD) or Active Guard and Reserve (AGR) orders (for a period of more than 30 days), surviving family members enrolled in the TRICARE Dental Program (TDP) will continue to receive TDP benefits for 3 years from the month following the sponsor's death.

Remember, we have a Fact Sheet list serve! Receiving these updates are a great way to keep abreast of changes made to our fact sheets. Anyone can subscribe to receive fact sheet updates at

<http://www.tricare.osd.mil/Factsheets/mail/maillsub.cfm>.

## **New Web Sites**

### **Disabilities (special needs)**

The Program for Persons with Disabilities (PFPWD) site provides information on PFPWD. PFPWD provides financial assistance for dependents of active duty service members who suffer from mental retardation or a serious physical disability. The program is limited to dependents of active duty service members, and does not require enrollment forms or fees.

### **Family of Deployed**

Deployment is an extremely stressful time for service members and their families. For the family members that are left behind when their military sponsor is deployed, this site will help guide you through the TRICARE enrollment process, provide important information on the various TRICARE programs, and make you aware of other benefits such as the TRICARE pharmacy and dental programs.

### **Explanation of Benefits**

Every TRICARE beneficiary should be familiar with the "EOB"-or Explanation of Benefits. Our new site takes the mystery out of this billing-information form: formats for the paper statements may vary a little among regional contractors, but the kinds of information are always the same.